MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/[illegible]
APPLICANT(S)

FILING DATE

5-30-06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	OCC.	NO.	OCC.	NO.	OCC.
1						
2				1		
3				1		
4				1		
5				1		
6				1		
7						
8						
9						
10						
11						
12			1			
13						
14			1			
15				1		
16			1			
17				1		
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.			3			
TOTAL OCC.			7			
TOTAL			10			

	NO.	OCC.	NO.	OCC.	NO.	OCC.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.						
TOTAL OCC.						
TOTAL						